

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled:

HEIGHT ADJUSTABLE PROTECTIVE GARMENT

described and claimed

X in the attached specification;
— in the specification filed _____,
— as U.S. Application Serial No. _____,
— and as amended _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as filed and as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I appoint

Theodore D. Lienesch	Reg. No. 28,235
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Douglas E. Erickson	Reg. No. 29,530
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Rose Ann Dabek	Reg. No. 28,064
Jeffrey C. Metzcar	Reg. No. 52,027
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my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all telephone calls to (937) 443-6958. Address all correspondence to: Thompson Hine LLP, 2000 Courthouse Plaza N.E., 10 West Second Street, Dayton, Ohio 45402-1758, Attention: Theodore D. Lienesch.

Atty. Docket No. 520219-301

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of first Inventor - Donald Aldridge

Inventor's Signature _____

Date: _____

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